

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-007722

STATE FILE NUMBER

Registration District No. 225 Primary Registration District No. 4335 Registrar's No. 5

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0680

2 0680x

3

4 0

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9 420.1

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11

12 90.2

13 2-0

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Moniteau		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Moniteau	
b. CITY (If outside corporate limits, give TOWNSHIP only) Tipton		c. CITY OR TOWN Tipton	
Length of stay in b. 10 years		Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence 137 W. Morgan St		d. STREET ADDRESS (If outside, give location) 137 W. Morgan Street	
3. NAME OF DECEASED (Type or print) Harvey Lee Richardson		4. DATE OF DEATH February 22nd 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9/29/1903
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carmen		10b. KIND OF BUSINESS OR INDUSTRY M.O.P. Rail Road	
11. BIRTHPLACE (City and state or country) Akingsville, Missouri		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME Willie Round Richardson		13b. MOTHER'S MAIDEN NAME Bertie Maddox	
14. NAME OF HUSBAND OR WIFE Jessie Richardson		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Jessie Richardson (wife) Tipton, Mo	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 20 min	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Tipton COUNTY Moniteau STATE Missouri	
21. I attended the deceased from 10-12-62 to 2-22-63 and last saw her alive on 2-22-63 Death occurred at 10:35 P m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) [Signature] 22b. ADDRESS Tipton, Mo 22c. DATE SIGNED 2-23-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Feb. 24th 1963	
23c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery		23d. LOCATION (City, town, or county) Tipton, Missouri	
24. FUNERAL DIRECTOR James E. Richards - TIPTON		25. DATE RECD. BY LOCAL REG. Feb. 25-1963	
26. REGISTRAR'S SIGNATURE Mrs. Maude Hudson			

(Licensed and Registered Statement on Reverse Side)

RECEIVED MAR 1 1963

MAR 1 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Jemee E. Richards

Licensed Embalmer No. 2466

P. O. Address

Lipton, MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.